## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 570505**



Jan 28, 2008 08:00 AN **Secretary of State** 

LA COSTA	DEVELOPMENT CORPC	PRATION		Secreta	ry of St	
Principal Place of Business		Mailing Address				
P. O. BOX 14115 BRADENTON FL 34280 US		P. O. BOX 14115 BRADENTON FL 34280 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #. etc.		Suite Apt #, etc.		1st MOORE CR2E034 (	10/07)	
City & State		City & State		4. FEI Number 59-1810052	Applied Fo	
Zip	Country	Z:p	Country		8.75 Additional e Required	
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Ag	ent	
TURNER, RICHARD E. 5004 RIVERVIEW BLVD., W. BRADENTON FL 34209				Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
	med entity submits this statement s of registered agent.	for the purpose of cha	nging its registered office or reg	gistered agent, or both, in the State of Florida. I am fan	ndiar with, and acc	
SIGNATURE	n flure, typed or princed hanso of regis throdinger	rtanditte Imppleasie	fNOTE: Registered Agent a genture re	equiran whon rophything: DATE		
FILE	NOW!!! - FEE: IS \$150.00	6.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		9. Election Campaign Financing	\$5.00 May	

1st MOORE CR2E03	4 (10/07)
El Number	Applied For
59-1810052	Not Applicable
artificate of Status Desired	\$8.75 Additional Fee Required

Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ■ Addition Delete TURNER, RICHARD E NAME NAME 000000801276 02/01/08-80011-023 150.00 5004 RIVERVIEW BLVD, W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 00000 CITY-ST-ZIP TITLE Darele ΠΠE ☐ Change Addition NAME TURNER, SHIRLEY H. NAME 5004 RIVERVIEW BLVD., W. STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-719 CITY-ST-ZIP IIπ.ε ☐ Derete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change Addition NAME NAME STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP Caty-St-ZiP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-S1-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate another my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as madired by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 of the corporation or the recif changed, or on an anachr

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OTTY-ST-ZIP

1/25/08 941-932-1549